RI VERDALE HEALTH CARE & REHAB CENTER

1000 NORTH WISCONSIN AVENUE

MUSCODA 53573 Phone: (608) 739-3186 Ownershi p: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): **58** Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 66 Average Daily Census: 53 Number of Residents on 12/31/00: **56**

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	41. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 4	More Than 4 Years	19. 6
Day Services	No	Mental Illness (Org./Psy)	35. 7	65 - 74	12. 5		
Respite Care	No	Mental Illness (Other)	5. 4	75 - 84	37. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1.8	85 - 94	41. 1	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	3.6	Full-Time Equivalen	it
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3.6		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	8. 9	65 & 0ver	94. 6		
Transportation	No	Cerebrovascul ar	5.4			RNs	8. 3
Referral Service	No	Di abetes	12. 5	Sex	%	LPNs	12. 2
Other Services	No	Respi ratory	8. 9			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	17. 9	Male	30. 4	Aides & Orderlies	38. 8
Mentally Ill	No			Female	69. 6		
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi c	are		Medio	ai d											
	(Title 18)				(Title 19)			0ther		P	Private Pay			Managed Care			Percent
		Per Diem			Per Diem			Per Diem			Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	6	100. 0	\$288. 70	2	5. 0	\$103. 18	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	8	14. 3%
Skilled Care	0	0. 0	\$0.00	36	90. 0	\$89. 66	0	0.0	\$0.00	5	50 . 0	\$130.01	0	0. 0	\$0.00	41	73. 2%
Intermediate				2	5.0	\$76. 14	0	0.0	\$0.00	5	50 . 0	\$130.01	0	0. 0	\$0.00	7	12.5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	6	100. 0		40	100. 0		0	0. 0		10	100.0		0	0. 0		56	100.0%

RIVERDALE HEALTH CARE & REHAB CENTER

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Admissions, Discharges, and		Percent Distribution	$of \ Resi dents'$	Condi t	ions, Services	, and Activities as of $12/$	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	20. 6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		78. 6	21. 4	56
Other Nursing Homes	1.5	Dressi ng	28. 6		51.8	19. 6	56
Acute Care Hospitals	73. 5	Transferri ng	51. 8		21. 4	26. 8	56
Psych. HospMR/DD Facilities	2. 9	Toilet Use	46. 4		32. 1	21. 4	56
Rehabilitation Hospitals	1.5	Eati ng	67. 9		19. 6	12. 5	56
Other Locations	0.0	***************	******	*****	*********	********	******
Total Number of Admissions	68	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.8	Recei vi ng	Respi ratory Care	12. 5
Private Home/No Home Health	47.8	0cc/Freq. Incontinent	t of Bladder	39. 3	Recei vi ng	Tracheostomy Care	1. 8
Private Home/With Home Health	4. 3	0cc/Freq. Incontinent	t of Bowel	19.6	Recei vi ng	Sucti oni ng	1. 8
Other Nursing Homes	4. 3				Recei vi ng	Ostomy Care	5. 4
Acute Care Hospitals	10. 1	Mobility			Recei vi ng	Гube Feedi ng	5. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	3.6	Recei vi ng	Mechanically Altered Diets	17. 9
Rehabilitation Hospitals	0. 0						
Other Locations	4. 3	Skin Care			Other Reside	nt Characteristics	
Deaths	29. 0	With Pressure Sores		0.0	Have Advan	ce Directives	80. 4
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	69				Recei vi ng	Psychoactive Drugs	50. 0
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		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Proj	pri etary	50-	- 99	Ski l	lled	Al l	[
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 3	83. 7	0. 96	86. 6	0. 93	87. 0	0. 92	84. 5	0. 95
Current Residents from In-County	53. 6	75. 1	0. 71	69. 4	0.77	69. 3	0.77	77. 5	0.69
Admissions from In-County, Still Residing	20. 6	18. 7	1. 10	19. 5	1.05	22. 3	0. 92	21.5	0. 96
Admissions/Average Daily Census	128. 3	152. 8	0. 84	130.0	0. 99	104. 1	1. 23	124. 3	1.03
Discharges/Average Daily Census	130. 2	154. 5	0. 84	129.6	1.00	105. 4	1. 24	126. 1	1.03
Discharges To Private Residence/Average Daily Census	67. 9	59. 1	1. 15	47. 7	1. 43	37. 2	1. 83	49. 9	1. 36
Residents Receiving Skilled Care	87. 5	90. 6	0. 97	89. 9	0. 97	87. 6	1.00	83. 3	1.05
Residents Aged 65 and Older	94. 6	95. 0	1.00	95. 4	0. 99	93. 4	1.01	87. 7	1.08
Title 19 (Medicaid) Funded Residents	71. 4	65. 4	1. 09	68. 7	1.04	70. 7	1. 01	69. 0	1.04
Private Pay Funded Residents	17. 9	23. 2	0.77	22.6	0. 79	22. 1	0.81	22.6	0.79
Developmentally Disabled Residents	0. 0	0.8	0. 00	0. 7	0.00	0. 7	0. 00	7. 6	0.00
Mentally Ill Residents	41. 1	31. 4	1. 31	35. 9	1. 14	37. 4	1. 10	33. 3	1. 23
General Medical Service Residents	17. 9	23. 2	0. 77	20. 1	0.89	21. 1	0.84	18. 4	0.97
Impaired ADL (Mean)	41. 1	48. 9	0.84	47.7	0.86	47. 0	0.87	49. 4	0.83
Psychological Problems	50. 0	44. 1	1. 13	49. 3	1.01	49. 6	1. 01	50. 1	1.00
Nursing Care Required (Mean)	5. 6	6. 5	0.85	6. 6	0. 85	7. 0	0. 79	7. 2	0. 78